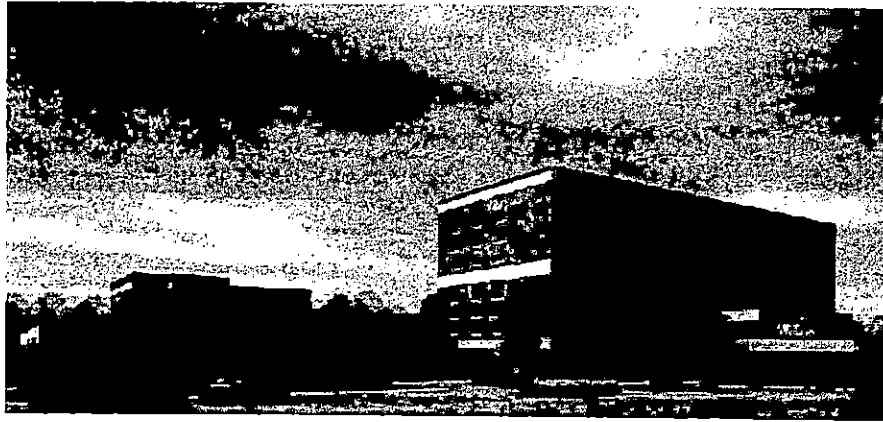


EXHIBIT E



MILLCREEK COMMUNITY HOSPITAL HOUSE STAFF EMPLOYEE MANUAL

L|E|C|O|M HEALTH
MILLCREEK COMMUNITY HOSPITAL

REVISED 8-9-2016

The Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.

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I. PREFACE

Millcreek Community Hospital is accredited by the AOA-HFAP and is associated with AOA-COCA accredited Lake Erie College of Osteopathic Medicine. It is a member hospital of the Lake Erie Consortium for Osteopathic Medical Training. This training manual complies with all standards set forth by these governing bodies as well as the AOA specialty colleges' residency standards. Take some time to review the information in this manual, your residency handbook, and the MCH website at <http://www.millcreekcommunityhospital.org>

This Manual is meant to serve as a guideline and is subject to change at the discretion of the Graduate Medical Education Executive Committee. Further policies, procedures, and responsibilities can be found in the Residency Handbooks.

II. MISSION

The mission of Millcreek Community Hospital's Osteopathic Graduate Medical Education Programs is to provide the highest quality educational programs to residents, and fellows. It will enable them to become competent, proficient, and professional osteopathic physicians and surgeons. The programs are designed to provide the residents and fellows with advanced and concentrated training in each specialty and to prepare the residents and fellows for certification and for practice.

III. EDUCATIONAL GOALS AND OBJECTIVES

The goals of the Osteopathic Graduate Medical Education Programs are to achieve mastery of the following core competencies:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine Trainees are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. Medical Knowledge

Trainees are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.

3. Patient Care

Trainees must demonstrate the ability to effectively treat patients, provide medical care that

incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

4. Interpersonal and Communication Skills

Trainees are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

5. Professionalism

Trainees are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.

6. Practice-Based Learning and Improvement

Trainees must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

7. Systems-Based Practice

Trainees are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

Specific goals and objectives for each training program are delineated in the Residency Handbooks.

IV. HOUSE STAFF RESPONSIBILITIES

1. Residents and fellows must be, and remain, members of the AOA and POMA during training. Trainees must apply for and maintain candidate status in their respective specialty colleges.
2. Residents and fellows must be appropriately licensed in the Commonwealth of Pennsylvania.

Pennsylvania requires a training license (OT) be maintained throughout the residency training period. A copy of each trainee's license must be kept on file in the Department of Medical Education.

3. Residents and fellows must maintain logs as mandated by the AOA specialty colleges. All house staff are encouraged to maintain copies of procedure logs for their own records to aid in the process of applying for hospital privileges in the future. Specifics can be found in the Residency Handbooks.
4. Residents and fellows must satisfactorily complete each rotation, obtain an evaluation from the rotation director, and complete a service evaluation after each rotational assignment per the AOA specialty colleges' specific requirements. Specifics can be found in the Residency Handbooks. All required logs, rotations evaluations and service evaluations must be submitted either in paper form or electronically to the Medical Education Department within two weeks of the completion of the rotation or evaluation period. Requests for time off/vacation, hospital travel will be denied unless and until all required papers, logs and evaluations are submitted in an acceptable form to the Department of Medical Education. Any delinquencies in research or in the Masters of Science Program will result in denial of time off requests.
5. Residents and fellows shall participate in patient care activities under the supervision of faculty attendings. Trainees shall follow the standard of care when treating patients, and shall act, at all times, as an advocate for competent, compassionate, and professional patient care. Patient safety is paramount. The hospital's patient safety officer may be contacted if trainees have any concerns regarding patient safety.
6. Residents and fellows **must participate** in meetings and educational activities as directed by the program directors and/or the Department of Medical Education in accord with the AOA and specialty college standards. This includes, but is not limited to; Morning Report, Resident Lectures, Board Reviews, Journal Clubs, Grand Rounds, Behavioral Science Lectures, Patient Safety/Risk Management Lectures, OMM Lectures, Hospital Departmental Meetings, and General Staff Meetings. House staff must also participate in performance improvement committees such as Tumor Board, Tissue and Mortality Review, etc. as assigned by the Department of Medical Education.

7. Residents and fellows must participate each year in the annual In-Service Examination sponsored by the specialty colleges and/or as directed by the program director. *Requests for vacation/time off will not be granted for the date of the in-service exam.*
8. Residents and fellows will participate in the training of students and junior residents on a regular basis. Trainees will apply for and successfully enter the Masters of Science in Medical Education program through the Lake Erie College of Osteopathic Medicine. Trainees will continue to progress towards successfully attaining the MS degree. Final program graduation is contingent upon attaining this degree. See Appendix B for the Master of Science curriculum.
9. Residents and fellows must complete the on-line OMM modules each training year.
10. One research project is required per trainee yearly. This requirement is further defined under Item 10 Scholarly Activities.
11. Residents and fellows must submit reports (i.e. annual or quarterly reports) as per specialty college requirements. Specifics can be found in the Residency Handbooks.
12. Residents and fellows must participate in an annual evaluation of their training program.
13. All residents must have successfully completed all three parts of the COMLEX prior to entry into the OGME-3 year. Residents are expected to register for and take the COMLEX III by April of their OGME-1 Year. Residents may be required to participate in diagnostic tests such as USMLE "Shelf" exams and COMSAE tests in preparation for the COMLEX III. Residents must immediately provide the Medical Education office with their written COMLEX exam score results when they are available. These will be kept on file in the Department of Medical Education. Any resident who fails COMLEX 3 will be required to meet with their Program Director, and the Director of Medical Education to formulate a remediation plan for successful completion. This plan may include, but will not be limited to, assigned readings, course work, and modification of the residents schedule or leave of absence to prepare for the exam.
14. The program director, with faculty input, will complete periodic written evaluations of each trainee's performance. At the end of each training year, the program director,

again with faculty input, will determine whether each trainee has the necessary qualifications to progress to the next training year.

15. Residents and fellows must participate in a 360-degree evaluation as requested by their program director.

16. In order to meet specific requirements of the specialty colleges, Millcreek Community Hospital has arranged required specialty rotations in affiliated institutions. Therefore travel to these rotations may be required within certain training programs, as scheduled by the Department of Medical Education.

17. House staff must remain certified in advanced cardiac life support (ACLS).

18. The curriculum will be evaluated annually by faculty and trainees to make certain it is meeting the current goals of the program. Multiple measures will be used to obtain a comprehensive view of program quality including, but not limited to:

- a. Performance on the annual In-Service Examination
- b. Pass rates on the certification examination
- c. Trainee retention rates in the program
- d. Percent of graduates completing the program on time
- e. Placement of graduates.
- f. Professional accomplishments of graduates

V. FACILITIES

1. Library and Learning Resource Center

Millcreek Community Hospital has an on-site Medical Library, The Wallace and Charlotte Steehler Memorial Library, that residents and fellows have access to 24 hours a day. The medical library collects and organizes information to support the house staff in the form of books, journals, audiovisuals, and electronic resources. The library staff is dedicated to finding answers to all requests for health care information and can identify and deliver published materials from the worldwide library community. The regular library staff hours are 8:00AM – 4:30PM, Monday through Friday. After hours, house staff physicians can enter the library using a Millcreek Community Hospital or a LECOM Photo I.D. Card.

In addition to the on-site library, house staff also has access to the Learning Resource Center at Lake Erie College of Osteopathic Medicine. The LECOM Learning Resource Center is

committed to providing quality service and access to information to support the needs of the house staff. The ability to use state-of-the-art technology and access current medical and pharmaceutical literature is not just desirable, but a necessity in the current atmosphere of evidence-based medicine. The Learning Resource Center is dedicated to facilitating this process and assisting the house staff in becoming competent, independent users of timely information.

The Learning Resource Center provides the LECOM community with timely and accurate access to medical information directly related to academic study and research. Housing over 8,000 monographs and 4,500 bound volumes of journals; the library also maintains 168 journal subscriptions and several evidence-based medicine databases. Study areas contain multimedia and computer hardware. Materials not available within the physical library are obtained through the National Network of Libraries of Medicine. Available online services include: Interlibrary Borrowing (Document Delivery), Mediated Database Searching (i.e. *MEDLINE*), General Reference Help, and Internet Searching. The Learning Resource Center staff provides help in the use of location tools, indexing, and abstracting sources, general organization schemes, internet resources, and the use of electronic and print literature.

The LECOM Learning Resource Center is open 7:30AM – 11:00PM, Monday through Friday during the academic year. Weekend and summer hours are 8:00AM – 11:00PM. These hours are subject to change.

2. House Staff Lounge

Residents and fellows have access to lounges which are clean, safe, and comfortable to allow for study and rest during call. Toilet and shower facilities are available as well.

VI. DEPARTMENT OF MEDICAL EDUCATION POLICIES

1. Selection Criteria

Candidates for training in the Osteopathic Graduate Medical Education Programs must have graduated from an AOA-COCA accredited college of osteopathic medicine. Candidates must be members of the AOA and be eligible for training licensure in the State of Pennsylvania.

The candidate must complete an application to begin the selection process. Consideration will be given to grade point average, COMLEX scores, letters of recommendation, and evaluation of prior training, as well as assessment of character during the interview process.

- a. Applications for the OGME-1 training year are only accepted through the osteopathic electronic residency application service (ERAS).

OGME-1 candidates interview with the Graduate Medical Education Committee. Millcreek Community Hospital participates in the AOA Intern/Resident Registration Program – The Match (AOAIRP) also known as the National Matching Services.

- b. Applications for other training years shall be in writing and include:

1. Properly completed application form.
2. Official copy of diploma or medical school transcript.
3. Letters of recommendation from the college of graduation or from the institution in which the candidate satisfactorily completed an internship and residency.

Upon receipt of the application, the Department of Medical Education staff shall notify the applicant of its receipt and any deficiencies. All applicants considered for acceptance shall be scheduled for an interview with the program director and/or the Graduate Medical Education Committee. The applicant shall be notified by of acceptance into the program. A contract between the applicant and Millcreek Community Hospital shall be made in writing prior to the first start day of the training program. This contract includes a clause regarding circumstance of termination of the contract by either party.

Selection of residents and fellows shall not be based on race, sex, religion, national origin, age, sexual orientation, veteran status, color, disability which would not directly impede the training process, or any other characteristic protected by law.

2. Benefits

- a. **Salary-** Residents and fellows receive a salary according to the terms of their residency/fellowship contract. Salaries are paid on a biweekly basis.

- b. **Vacation & CME Time Off -** Residents and Fellows receive 15 days of paid vacation time and 5 days of paid CME time off each academic year.

Vacation request forms and CME request forms must be completed at least two

weeks in advance of requested dates and must include approval by the Chief Resident/Fellow, Program Director, Clinic Director, Rotation Director, and the Director of Medical Education. Vacation is not permitted during the last month of the training year, while on rotation at the VA Medical Center and while on the Geriatrics Service.

- b. **Education Allowance** – OGME1, OGME2, OGME3 and beyond receive \$1,800 per year for continuing medical education which can be used for qualified purchases such as participation in educational seminars or the purchase of books, subscriptions or other scholarly materials.
- c. **ACLS Certification** - House staff physicians are offered the course at no cost. Trainees who fail to register and take the ACLS course offered by the hospital will be required to take an approved course at their own expense.
- d. **Relocation Allowance** - Incoming trainees are granted up to a \$1,000 relocation allowance to facilitate the move to Erie, PA. Valid receipts for moving expenses must accompany requests for your moving allowance. There is a wide range of rentals or home options in both urban and rural settings. Hospital subsidized housing is also available at reasonable prices on a limited basis.
- e. **Insurance** - Residents and fellows receive professional liability, medical, dental and life insurance at no cost. Medical and dental insurance is provided for the trainees' families as well. A pharmaceutical plan allows prescriptions to be filled by the Hospital's Pharmacy at a reduced rate. Life insurance is equal to one year's salary.
Professional liability insurance is only applicable to actions occurring within the assigned scope of responsibilities for the training program.
- f. **Meals** - Residents and fellows receive all meals while on-duty and while on-call at Millcreek Community Hospital at no cost.

- g. **Sick Time** - Residents, and fellows are provided three (3) paid days per training year for illness. If you are unable to report for duty due to illness, you must notify the Medical Education Coordinator, (814/868-8217 or 814/868-8206, mchmeded@mch1.org) and the program director at 8:00AM as well as the respective service to which you are assigned as soon as possible. In the event of illness when scheduled for call, you must arrange coverage and notify the switchboard operator as well as the nursing stations and emergency room regarding the change.
- h. **Employee Assistance Program** - The Hospital provides trainees' access to participation in hospital sponsored counseling, medical, psychological and other support services on a confidential basis, including matters relative to physician impairment.
- i. **Lab Coats** - Two lab coats will be issued to house staff at no cost prior to the start of each contract year. It is the trainees' responsibility to ensure the lab coats are clean and pressed.
- j. **Holidays** - Residents and fellows are scheduled for holidays as determined by their clinical departments. House staff does not receive holiday pay nor do they accrue holiday hours. Residents are expected to be on duty for Holidays unless they have formally requested time off in writing and this has been approved.
- k. **Parking** - Parking at the hospital is free and there are specified parking areas for house staff. Parking on MCH property is at your own risk. MCH is not responsible for incidents or accidents.
- l. **File Retention** - The Medical Education Department will retain the residents files, in electronic and/or paper form, in the department for future retrieval.

3. Duty Hours

It is recognized that excessive hours worked by training physicians can lead to errors in judgment and clinical decision-making. This can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness-related complications. The training institution, GME Committee, and program directors must maintain a high degree of sensitivity to the physical and mental well being of residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities. The following work hour's policy applies in accordance with AOA

regulations:

- a. The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a four week period, inclusive of in-house night call and any allowed moonlighting. No exceptions to this policy shall be permitted.
- b. The trainee shall not work in excess of 24 consecutive hours, inclusive of morning and noon educational programs. Allowance for, but not to exceed, up to four hours for inpatient and outpatient continuity, transfer of care, education debriefing and formal didactic activities may occur. Any such duty over 24 hours must be reported by the resident/fellow in writing, with rationale, to the DME/ Program Director, and reviewed by the Graduate Medical Education Committee for monitoring individual residents and program. These allowances are not permitted for OGME-1 trainees. Trainees may not assume responsibility for a new patient or any new clinical activity after working 24 hours.
- c. If moonlighting is permitted, all moonlighting will be inclusive of the 80 hours per week maximum work limit and must be reported.
- d. The trainee shall have alternate weekend 48 hour periods off, or at least one twenty four (24) hour period off each week and shall not have call responsibility during that time.
- e. Upon conclusion of a 20-24 hour duty shift, trainees shall have a minimum of

12 hours off before being required to be on duty or on call again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided. Upon completing a duty period of at least 12 but less than 20 hours, a minimum period of 10 hours off must be provided.

- f. All off-duty time must be totally free from assignment to clinical, on call and educational activity.
- g. Those rotations requiring the trainee to be assigned to Emergency Department duty shall not be assigned longer than 12 hour shifts with no more than 30 additional minutes allowed for transfer of care. Any time over the thirty minute for transfer of care shall be reported in writing to the DME/Program Director for review by the GME Committee, for monitoring individual trainees and program.
- h. The house staff and training institution must always remember that patient care responsibility is not precluded by this policy. In the case where a trainee is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage should be provided to relieve the trainee involved as soon as possible by the attending staff.
- i. The trainee may not be assigned to in-hospital call more often than every third night averaged over any consecutive four week period. Home call is not subject to this policy, however it must satisfy the requirement for time off. Any time spent returning to the hospital must be included in the 80 hour maximum limit.

Trainees, who feel the work hour policy is not being enforced and violations have occurred, should initially report their concerns as outlined in the AOA Basic Documents. If there is no resolution, they may contact the LECOMT Osteopathic Graduate Medical Education Committee Resident Representative, the LECOMT Academic Officer at 814-866-8127, or the AOA work hour violation hotline as described on the AOA website. There are no reprisals for reporting work hour inconsistencies or infractions for review.

4. Moonlighting Policy

Any professional clinical activity (moonlighting) performed outside of the official training program may be conducted only with the written permission of the Program Director and the Director of Medical Education and must not interfere with the resident's/fellow's didactic or clinical performance. Residents must be in good standing and all residency requirements must be satisfied (i.e. medical records, logs, evaluations, etc.). An approved written request by the trainee must be filed in the trainee's file in the Department of Medical Education. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the DME. Failure to report and receive approval by the program director may be grounds for termination. **Moonlighting is prohibited for OGME-1 Residents.**

5. Dress Code

Residents and fellows must maintain a neat and clean appearance befitting physicians. Professional attire must be maintained whenever the trainee is on the grounds of the Millcreek Health System or acting as a representative thereof. It is the responsibility of the house staff to launder and maintain clean, pressed white lab coats.

a. Men

A clean and well-cared-for appearance should be maintained. Men must wear dress trousers, shoes, dress shirt and necktie. Men's hairstyles should be clean and neat, avoiding extreme styles or colors. Beards and moustaches must be neat and trimmed at all times. Excessive body piercings are not acceptable. Shorts, jeans, tee-shirts, and sandals with bare feet are not permitted.

b. Women

A clean and well-cared-for appearance should be maintained. Women are required to wear appropriate dresses of reasonable length or slacks with appropriate blouses. (Halter tops, midriff tops, crop pants, capri pants, strapless or backless tops or dresses, sundresses and miniskirts are not permitted). Revealing or tight, form fitting clothing is unacceptable. Women's hair must be neat and trimmed at all times, avoiding extreme styles or colors. Facial and tongue piercings are not permitted; up to two earrings per ear are acceptable. Women are required to wear shoes with stockings or socks.

Shorts, jeans, tee-shirts, and sandals with bare feet are not permitted.

c. Scrubs

Scrub suits are appropriate attire for the operating room, emergency room, anatomy laboratory, and when on call from 5:00PM to 8:00AM. Buttoned white coat is to be worn over scrubs when not in the operating room.

6. Program Closure or Reduction

In the event of program closure or reduction, Millcreek Community Hospital will do the following:

- a. Notify trainees, AOA, and LECOMT as soon as possible.
- b. Every attempt will be made to permit current trainees to complete their training prior to closure or reduction.
- c. LECOMT will aid in placement of enrolled trainees in other AOA approved programs within the OPTI.
- d. Severance pay shall be provided for two months when institutional program closure or reduction decisions prevent the trainee from program completion in that program or in an alternate program arranged by the Millcreek Community Hospital, LECOMT, or the AOA.

7. On Call Duties

Residents shall be required to take call, according to a schedule arranged by the Medical Education Department and/or the residents Program Director and Chief Resident. On-call residents are required to remain in the hospital for call duties, unless specifically allowed to take call from home. At all times, the on-call resident shall respond immediately to call and to attend to patients immediately. Residents who are unable to take their on-call shift are required to arrange for appropriate coverage by another resident, and are required to notify their chief resident, medical education, and the hospital switchboard should this need arise. Residents on-call

duties are subject to the duty hour policies outlined in this manual.

8. Service Policy

Osteopathic graduate medical education includes patient care activities (service) and didactic activities (education). Learning and professional growth occurs in all of these activities. The medical education department at Millcreek Community Hospital recognizes that a balance must occur between service and didactic activities.

The internship, residency, and fellowship programs at Millcreek Community Hospital are structured to ensure that the trainee's workload is monitored by senior residents and attending faculty during rounds and in the outpatient setting. Trainees are given progressive responsibility based on their OGME level of training and by their demonstrated degree of competency in their field of study.

Protected didactic time is provided in each residency program; residents are excused from routine clinic and patient care duties to attend lectures and scheduled learning activities. Attending Physicians and Program Directors are required to release residents and fellows from the clinical duties in order to attend these didactic activities, unless the trainee is involved in critical patient care activities or are precluded by work hour restrictions.

Residency and fellowship directors, in cooperation with the Medical Education Department, are expected to monitor duty hours on an ongoing basis, using the New Innovations system. Program Directors are expected to modify schedules and adjust call coverage when needed based on duty hour reporting and on feedback from their trainees. Duty hour violations are discussed at the Graduate Medical Education Committee meeting. Additionally, trainees are encouraged to discuss any duty hour/workload concerns with their program director, Director of Medical Education, or LECOMT representative.

9. Remediation Policy

During the course of training, Millcreek Community Hospital expects its residents/fellows to progress in each of the seven core competencies toward proficiency and beyond. Trainees who demonstrate difficulty in progressing in these competencies will be required to participate in a program of remediation. Poor performance of clinical duties, poor performance on in-service examinations or on the COMLEX 3, delinquency in scholarly activities, poor performance in the Masters of Science in Medical Education Program, and professionalism issues are examples of events that may trigger a program of remediation.

It is the policy of the Medical Education Department to initiate progressive counselling, depending on the severity of the problem. Informal discussion between attending physician/program director and the resident should be utilized for minor issues. Formal counseling, including a description of the issue and an action plan of correction will be employed for more severe or repeated problems. Written reports of these counselling sessions are expected.

It is the intention of each residency and fellowship program to produce competent, caring osteopathic physicians. To that end, trainees are expected to comply with any prescribed program of remediation. Remediation strategies may include professional counseling, prescribed programs of reading study, practice examinations, mentoring and other means of improvement as directed by the program director and/ or Director of Medical Education.

Serious offenses may subject the trainee to more severe penalties, including suspension, probation, or dismissal, with the ability of appeal according to the Due Process Policy outlined in the House Staff Manual.

10. Evaluation, Promotion, Disciplinary Action, and Termination Policy

Each trainee accepted into one of Millcreek Community Hospital's graduate educational programs is recognized as a qualified candidate and is expected to satisfactorily complete the training program. In pursuit of the development of competent physicians, trainees are evaluated in terms of all the seven competencies and are expected to perform satisfactorily on all components. Program directors are expected to provide trainees with ongoing feedback, to complete evaluations periodically as required by their specialty college and by the medical education department, to remediate trainees when necessary, and to recommend trainees for promotion and graduation.

Contracts are for a period on one year. If a subsequent contract is not being offered, the resident will be notified by the program director a minimum of sixty (60) days prior to the end of the present contract.

In order to be identified as satisfactory, trainees must meet the clinical, academic, professional and humanistic requirements of the institution, the specialty college, and the AOA. Trainees with satisfactory performance may continue training and are promoted to the next academic year or graduated.

Trainees may be identified as unsatisfactory by a Program Director and/or the GME Executive Committee for reasons including, but not limited to, any of the following:

- a. Failure to meet the performance standards of an individual rotation
- b. Failure to meet the performance standards or basic competencies of the program
- c. Failure to comply with institutional policies and procedures
- d. Professional misconduct or unethical behavior

Trainees are counseled on unsatisfactory performance by a Program Director and/or the GME Executive Committee. In the counseling session, the deficiency or problem is outlined and strategies for improvement/remediation are identified.

Based on the offense, trainees may be placed on probation, suspension, or dismissed defined by the following terms:

- a. **Probation:** a trial period in which a trainee is permitted to improve

academic performance or behavioral conduct that does not meet the standards.

- b. Suspension:** a period of time in which a trainee is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.
- c. Dismissal:** the condition, in which a trainee is directed to leave the program, with no award of credit for the current year, termination of the trainee's contract, and termination of all association with Millcreek Community Hospital and its affiliates.

When a trainee is placed on probation or suspension, the Program Director and/or the GME Executive Committee or its designee shall notify the trainee in writing in a timely manner. The written statement of probation or suspension will include a length of time in which the trainee must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.

Based upon a trainee's compliance with the remedial steps and other performance during probation, he may be:

- a. Continued on probation
- b. Removed from probation
- c. Placed on suspension
- d. Dismissed from the program

Based upon a trainee's compliance with the remedial steps and other performance during suspension, he may be:

- a. Continued on suspension
- b. Removed from suspension
- c. Dismissed from the program

When, after review, a trainee is found to be intellectually, educationally, temperamentally, morally, or otherwise unsuited to participate or continue in the program and remediation efforts have failed or would be inappropriate for the circumstance, the resident is dismissed from the training program. The trainee is notified in writing by the Program Director and/or the GME Committee. Trainees have the right to appeal disciplinary action in accordance with the Due Process Policy.

11. Due Process Policy

The Graduate Medical Education Due Process Policy is designed to ensure that trainees have been treated fairly and to protect trainees from arbitrary or capricious disciplinary action. Trainees subject to the corrective actions of probation, suspension, or dismissal are entitled to those procedural safeguards outlined below:

- a. When a trainee is placed on probation, suspended, or terminated, the Graduate Medical Education Committee or their designee shall notify the trainee of the disciplinary action. Such notice shall contain a specific statement of the grounds for probation, suspension, or dismissal and shall refer to the trainee's right of appeal as herein set forth.
- b. Within five working days after the trainee's receipt of such notice, he may submit to the GME Committee or their designee a written request for a hearing before the GME Committee to appeal such probation, suspension, or dismissal. The trainee's written request should list any statements, documents, affidavits or other materials that the trainee intends to offer in his defense.
- c. The GME Committee or their designee shall notify the trainee of the Committee's decision granting or denying the trainee's request for a hearing based upon the trainee's written request and accompanying documents, and review of the trainee's file. If the GME Committee's decision is to deny the trainee's request, then that decision shall become final and binding upon all parties. If the GME Committee's decision is to grant the trainee's request for a hearing, then the Committee or designee shall notify the trainee of the date, time and place of hearing.
- d. At the hearing, neither the GME Committee nor the trainee shall be aided or represented by an attorney. Additionally, the chairman of the GME Committee or his designee may exclude anyone he wishes from the hearing.
- e. At the hearing, both the GME Committee or their designee and the trainee may make opening statements. The trainee shall then present his case indicating why the suspension or dismissal action should be reversed. Both the GME Committee or their designee and the trainee may present written evidence, examine witnesses and cross-examine witnesses. Both the GME Committee or their designee and the trainee may make closing arguments. The Rules of Evidence that govern proceedings in a court

of law, however, shall not apply.

- f. Following the hearing, the GME Committee shall notify the trainee of their final, binding decision that shall affirm, modify, or reverse the original disciplinary action.
- g. A trainee who appeals disciplinary action taken against him may resume clinical practice in the hospital, if at all, only after written decision has been rendered by the GME Committee.

12. Problem Resolution

MCH is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response from MCH supervisors and management.

If employees disagree with established rules of conduct, policies, or practices, they can express their concern through the problem resolution procedure. No employee will be penalized, formally or informally, for voicing a complaint with MCH in a reasonable, business-like manner, or for using the problem resolution procedure.

If a situation occurs in which an employee believes that a condition of employment or a decision affecting him/her is unjust or inequitable, he/she is encouraged to make use of the following

steps:

- a. Employee presents problem to immediate supervisor after incident occurs.
If supervisor is unavailable or employee believes it would be inappropriate to contact that person, employee may present problem to the Human Resources Manager or any other member of management. **Note:** If the supervisor is not the department manager, please see Department Manager prior to seeing Human Resources.
- b. Supervisor or the Human Resources Manager responds to problem during discussion or after consulting with appropriate management, when necessary. Supervisor documents discussion. If the employee's direct supervisor is not the department manager, the department manager should be the next step.
- c. Employee presents problem to Human Resources Manager in writing.
- d. Human Resources Manager reviews and considers problem. Human Resources

Manager informs employee of decision and forwards a copy of written response to Human Resources Department for employee's file.

- e. In cases where a decision was not reached at the Human Resources level, the President/CEO will be involved in the decision process. See Human Resources Policy Manual for more detail. **Note:** This policy is not applicable to discharge situations.

13. Supervision Policy

Scope

The policy applies to all Millcreek Community Hospital residency programs, fellowship programs and supervising faculty.

Purpose

The AOA Basic Documents for Postdoctoral Training stipulates that each institution must establish guidelines regarding the levels of supervision required for all graduate medical trainees. These supervisory guidelines shall provide all residents and fellows with an educational program that is clinically and academically progressive and that complies with the requirements of the AOA and the individual specialty boards. All accredited programs must assure that residents in their programs, as well as all supervising or attending physicians, adhere to the following standards to optimize patient care and the educational experience of our trainees.

Definition

Levels of Supervision

To ensure appropriate oversight of resident supervision, supervision is classified as follows:

Direct Supervision – The supervising physician is physically present with the resident and patient.

Indirect Supervision:

With direct supervision immediately available – The supervising physician is physically within the confines of the site of patient care, and is immediately available to provide Direct Supervision.

With direct supervision available – The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.

Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Progressive Authority and Responsibility

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to them the appropriate level of patient care authority and responsibility. Progressive authority and responsibility occurs not solely on the basis of OGME year attained, but also on the basis of the demonstrated experience and ability of the resident.

The program director must evaluate each resident's abilities based on specific criteria established by the faculty of the training program. These criteria should be guided by national standards-based criteria when such are available;

Supervising faculty members will delegate patient care activities to residents based on the needs of the patient and the demonstrated abilities of the resident;

Senior residents or fellows should serve in a supervisory role of junior residents with appropriate patients, provided their demonstrated progress in the training program justifies this role;

In each training program, there will be circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. At a minimum, these circumstances will include:

- Emergency admission;
- Consultation for urgent condition;
- Transfer of patient to a higher level of care;
- Code Blue Team activation;
- Change in DNR status;
- Patient or family dissatisfaction;
- Patient requesting discharge against medical advice, or;
- Patient death.

Responsibilities

General

All patient care must be supervised by qualified faculty.

On-call and clinical assignment schedules must be available so that residents, nursing staff and ancillary, personnel can easily identify the assigned resident and their faculty supervisor. During night on-call hours, trainees have on-call access to attending or on-call physician assistance and supervision regarding patient care. The attending physician is required to review trainee-provided patient care given during on-call periods and participate in evaluating this care with the trainee.

OGME-1 level residents must be supervised either directly or indirectly, with direct supervision immediately available. If indirect supervision is provided, OGME-1 residents must have demonstrated competency in procedure or skill to be performed.

In all emergency cases or consultation in the Emergency Department, residents must contact their supervising attending before initiating any procedure. The supervising attending physician is responsible for determining the need for direct supervision in each case.

Faculty Responsibilities

Routinely review resident physician documentation in the medical record.
Be attentive to compliance with institutional requirements such as problem lists, medication reconciliation, and additional field defined document priorities.
Provide resident physicians with constructive feedback as appropriate.
Serve as a role model to resident physicians in the provision of patient care that demonstrates professionalism and exemplary communication skills.

Resident Responsibilities

Each resident is responsible for knowing the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. In recognition of their responsibility to the institution and commitment to adhere to the highest standards of patient care, resident physicians shall routinely notify the responsible attending physician based on the guidelines noted above, as well as any additional circumstances that may be requested in any program – specific supervising policy.

14. Scholarly Activities

As noted in the OGME contracts under section IV, M, each resident is to formulate and show significant progress towards completion of a research project suitable for publication during each year of training. Acceptable projects will be approved by the Program director and the GME Research Subcommittee and will be reviewed periodically to assure completion each year. Advancement to any subsequent training year will not occur without completion of publishable research, or showing substantial progress towards publishable research for any project that the Research Subcommittee has already approved to be completed over more than one year. Residency graduation will not occur until all research projects are completed and submitted for publication.

Post Graduate Osteopathic Research-Research Subcommittee

To adhere to its mission to be a leader in Post-graduate Osteopathic Medical Education, the need for publishable research has become increasingly important. Research requirements as stated in the AOA standards manual and refined by the requirements of Millcreek Community Hospital (MCH) are listed elsewhere in this manual.

To stimulate and facilitate osteopathic research, the Research Subcommittee of the Graduate Medical Education (GME) executive committee was formed. Members to the sub committee are selected by the Department of Medical Education. Policies of the subcommittee are formulated by the chairman of the subcommittee with the approval and support of the GME executive committee.

The goal of this subcommittee is to help those in post-graduate medical education meet their research requirements. In this regard, the committee will help with the selection of acceptable research topics as well as help with the logistical aspects of research.

Trainees will be joined with a mentor to help with individualization of needs. The subcommittee will assist the researcher in meeting time schedules to assure completion of publishable research as per MCH handbook requirements. All "multiyear" projects need to be pre-approved by the Research Subcommittee.

Interval timelines and deadlines to assure adequate project progress will be completed with the integral participation of the specific program directors. While the Research Subcommittee will help with requirement fulfillment, it is ultimately the responsibility of the individual resident and Program Director as part of their required quarterly or six month evaluations to assure that the research topic selection and research progress is progressing in a timely manner.

The Research Subcommittee will:

- Work with program directors to review and monitor status of post graduate research and assure that AOA and specialty college basic standards as well as institutional and individual program requirements are being met
- Provide education for house staff on research methodology, etc.
- Identify resources for research including:
 - Grants/funding

- Equipment
- Statistics
- Personnel
- IRB
- Establish timelines for research including:
 - Topic
 - Research Design
 - Data Collection
 - Rough Draft
 - Approval by Program Director
 - Final Presentation
- Select research for submission to POMA and LECOM Research Day
- Report status of current projects and update regularly to GME and LECOM
- Report to GME Executive Committee

Here is a list of mentors and their contact information:

Garrett Clark, D.O	814-868-6898	gclark@maerie.org
Steven Habusta, D.O.	814-868-7840	shabusta@lecom.edu
Eric Milie, D.O.	814-868-5481	ejmilie@hotmail.com
Thomas Corso, Ph.D.	814-866-6641	tcorso@lecom.edu
Bertalan Dudas, M.D., Ph.D.	814-868-8142	bdudas@lecom.edu
John J. Kalata, D.O.	814-868-8217	jkalata@aol.com
Danielle Hansen, D.O.	814-868-7850	dhansen@mchl.org
Alice Hudder, Ph.D.	814-866-6641	ahudder@lecom.edu

11. "Honor Code"

No Resident shall participate by any means in actions of dishonesty, cheating, plagiarizing, stealing, or lying to any Millcreek Community Hospital or LECOMT official. Such actions of dishonesty would also include misrepresentation of attendance at scheduled rotational sites, lectures, and clinics as well as falsification/omission of vacation/sick days taken.

All residents are subject to this code and have an obligation to report suspected violations. All reports of suspected violations must be made in writing to the Director of Medical Education (DME) within seven (7) working days of the alleged offense. Any resident who has knowledge (other than unsubstantiated rumor), or is a witness to any violation or possible violation, and who knowingly fails to report such is also in violation of this Honor Code and is subject to disciplinary sanctions. Any resident found to report another resident intentionally and maliciously for the mere purpose of harassment will be subject to disciplinary sanctions. Faculty and staff who witness violations of the Honor Code shall also report them in writing to the DME within seven (7) working days.

HONOR CODE VIOLATIONS:

In matters involving the allegations of Honor Code violations, the DME will designate a committee of review. The DME and committee of review will evaluate each report as an independent case and will make recommendations for any disciplinary actions. Notice of such

actions will be placed in the residents' permanent file and will be available for reference in any recommendation letters needed in the future.

VII. EMPLOYMENT POLICIES

1. New Hire Screening

The Human Resources Department is responsible to be sure new hires meet all requirements to begin employment including physical examination and drug screening. Further, trainees are to be cleared for duty by the Department of Medical Education including proof of immunity for communicable diseases or proof of immunization.

2. Change of Status

House staff physicians are responsible for updating Human Resources and the Medical Education Department with change of name, address, telephone, status, etc.

3. Wearing Identification

The Department of Health requires that all hospital employee as well as students, house staff physicians, and volunteers wear name badges at all times. If you do not have a name badge or yours is missing, please see Human Resources for a new one.

4. Tobacco Products

Millcreek Community Hospital is a tobacco free environment, as tobacco is known to cause serious illness. Smoking and the use of other tobacco products are not permitted on Hospital property. Specific information is be provided by the Human Resources Department.

5. Cell/Mobile Phone and Pagers

Due to liability issues, all hand held cell/mobile phones are restricted in their use while in a vehicle when on business or travel for the hospital. If a call must be made or received, park your vehicle and complete your call. The use of cell phones to take pictures or motion pictures is strictly prohibited anywhere on hospital property without hospital administration approval.

6. Email and Internet Usage

- a. MCH prohibits the use of computers and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale.
- b. E-mail may not be used to solicit others for commercial ventures, religious, or political causes, outside organizations, or other non-business matters.
- c. All Internet data that is composed, transmitted, or received via our computer communications system is considered to be part of the official records of MCH and, as such, is subject to disclosure to law enforcement or other third parties.
- d. The equipment, services, and technology provided to access the Internet remain at all times the property of MCH. As such, MCH reserves the right to monitor Internet traffic, and retrieve and read any data composed, sent, or received through our online connections and stored in our computer systems.
- e. The unauthorized use, installation, copying, or distribution of copyrighted, trademarked, or patented material on the Internet is expressly prohibited.

7. Parking

Parking at Millcreek Community Hospital is free. House staff should park in the designated areas for employees. Parking in patient parking areas or other unauthorized

areas is not permitted. Parking on MCH property is at your own risk and MCH is not responsible for incidents or accidents.

8. Drug/Alcohol Testing. The policy in its entirety may be reviewed in the Human Resources Department

- a. The use, possession, sale, or transfer of illegal drugs or abuse of illegal drugs or alcohol, or being under the influence of improperly used over-the-counter or prescription medication and/or illegal drugs or alcohol on Millcreek Community Hospital property, in Millcreek Community Hospital vehicles, or while engaged in Millcreek Community Hospital activities is strictly forbidden.
- b. Millcreek Community Hospital can test employees who behave erratically, smell of alcohol, or are the subject of complaints from the public or other employees. When a resident or fellow is asked to complete this test, the testing will be done confidentially with the Infection Control Nurse. The trainee must sign an alcohol and drug testing consent form and release. A trainee who refuses to submit to drug testing will be asked to leave hospital property immediately and the trainee will be discharged.
- c. Violation of this policy will result in disciplinary action up to and including immediate termination and/or required participation in a substance abuse rehabilitation or treatment program. If the trainee is not terminated due to a positive drug/alcohol screen, he will be required to sign a statement that he agrees to random drug/alcohol screens for a one-year period. If he refuses to be tested or the results are positive, the trainee will be terminated.

9. Leaves of Absence

- a. **Procedure:** A leave of absence for all leaves other than Family/Medical Leave may be requested after completion of three months of employment if there is a need to remain away from work for extended periods of time for various reasons. To be eligible for Family/Medical Leave, residents must have worked for at least 12 months and 1,250 hours during the 12 months immediately preceding the leave. Requests are to be made in writing at least two weeks prior to the expected commencement date. If a Family/Medical Leave is foreseeable, residents are required to give 30 days prior written notice. Requests must be approved by the Program Director, GME Committee with the written concurrence of the Personnel

Director.

b. Leave Requirements: Residents may take up to 12 weeks unpaid leave within any 12 month period regardless of the number of qualifying events. Leaves will not be granted in combination (example: family leave followed immediately by personal leave.)

c. Medical, Dental, and Life Insurance: Residents may remain in the medical and dental insurance programs during the unpaid leave by arranging to send a payment for the full amount of the premium to the personnel department by the tenth of each month during the leave. For a Family/Medical Leave, Millcreek Community Hospital will maintain the employee's health benefits under the same terms and conditions applicable prior to going on leave. However, residents not electing to return to work at the end of the

leave period will be required to reimburse Millcreek Community Hospital the cost paid for maintaining the resident's insurance coverage while on leave, unless the resident cannot return to work because of circumstances beyond their control.

Residents also retain life insurance benefits while on leave for up to three months.

d. Leave Termination: A leave of absence may be canceled and disciplinary action may be taken if it is discovered that the leave is being used for purposes other than that for which it was granted, or it has been determined that the employee has secured other employment while on leave status. Failure to return to duty as directed or failure to return at the expiration of the leave is cause for dismissal. Millcreek Community

Hospital cannot guarantee reemployment at the expiration of a leave of absence with the exception of the family/medical leave and military leave. A Resident on leave may return earlier than the date of expiration of the leave with the approval of the GME Executive Committee.

e. Types of Leave:

1. Temporary Disability Leave (unpaid)

- a. Illness, surgery, maternity, or off the job accident.
- b. Maximum of three months.
- c. Physician's statement of nature and expected duration of disability is required.
- d. Physician's statement that the resident is able to return to work

is required prior to the resident's return.

2. Personal Leave (unpaid)

- a. Personal reason or personal hardship.
- b. Maximum of one month.
- c. Resident must submit a letter of need.
- d. Must exhaust vacation and personal time first.
- e. May reduce the period of eligibility for Family Leave where the request criteria are the same.

3. Job Injury Leave (paid)

- a. Unable to work because of job-related injury.
- b. Extended as long as necessary.

4. Military Leave

- a. Paid leave for members of the Military Reserves or National Guard are granted for summer camp.
- b. Length of paid leave will be the period of time covered by the military orders, not to exceed two weeks.
- c. Residents will be paid the difference between their normal salary and the amount paid to them for serving their reserve requirement.
- d. Residents on military leave may use accrued vacation or go on an unpaid leave of absence (up to six months) for any time they are required to serve beyond the two week period.

5. Bereavement Leave (paid)

- a. Trainees will be permitted up to five days of paid leave for the death of a spouse or child.
- b. Trainees will be permitted up to three days of paid leave for the death of a parent, sibling, or the parent or sibling of the Trainee's spouse.
- c. Verification of the death in the form of a newspaper clipping or letter from the funeral director must be submitted to Human Resources.

6. Jury Duty Leave (paid)

- a. House staff subpoenaed for jury duty are required to notify the Director of Medical Education immediately.
- b. When trainees are required to serve on a jury, they will sign an agreement to turn over the jury duty check to the hospital. The hospital will provide payment of the trainee's payroll check for a maximum of ten days.
- c. If the Director of Medical Education determines that a postponement is warranted, the trainee will be referred to the Human Resources Department who will prepare the necessary correspondence for the trainee to submit.

7. Witness Duty Leave

- a. Residents or fellows subpoenaed or otherwise requested to testify as witnesses by Millcreek Community Hospital will receive paid time off for the entire period of witness duty.
- b. Residents or fellows subpoenaed or otherwise requested to testify as witnesses by a party other than Millcreek Community Hospital

will be granted unpaid time off.

8. Administrative Leave (unpaid)

- a. May be granted for reasons that are beneficial to Millcreek Community Hospital's needs.
- b. May be granted for up to three months.
- c. May be granted by the GME Executive Committee and the Personnel Manager.

9. Family/Medical Leave

- a. This leave applies to residents who wish to remain at home for a period of time up to 12 weeks for the following reasons:
 1. The birth of a child and to care for such child or the placement of a child for adoption or foster care, within the first year.
 2. To care for a spouse, child, or parent with a serious health condition.
 3. A serious health condition of the employee which renders the employee unable to perform the functions of his or her position.

- b. Medical Certification for a Serious Health Condition. A serious health condition means a physical or mental condition involving inpatient care or continuing treatment by a health care provider. Residents requesting leave because of their own serious health condition or to care for a covered relation with a serious health condition are required to provide medical certification from the relevant health care provider. Medical

Certification Forms are available in the Personnel Department. Failure to provide medical certification is grounds for denial of leave.

Millcreek Community Hospital may require subsequent recertification on a reasonable basis. Millcreek Community Hospital, at its expense, may

require an examination by a second health care provider designated by Millcreek Community Hospital. If the second health care provider's opinion conflicts with the original medical certification, Millcreek Community Hospital, at its own expense, may require a third health care provider to conduct an examination and provide a final opinion. This third health care provider shall be a person approved by both the employee and Millcreek Community Hospital. The opinion of the third health care provider shall be binding.

- c. Spouses Employed by Millcreek Community Hospital. Where both husband and wife are employed by Millcreek Community Hospital, they are entitled to a combined total of 12 weeks leave for birth, adoption, foster care, or to care for a parent with a serious health condition. Each individual is entitled to 12 weeks leave because of their own health condition or to care for their child, without counting leave time taken by the other spouse.

- d. Family Definition. A child includes biological, adopted, foster child, step child, legal ward, or a child of a person acting in the capacity of a parent and who are incapable of caring for themselves. The term parent includes biological parents and a person that acted in the capacity of parent. Siblings and in-laws are not covered.
- e. Paid Status is determined using the following criteria:
 - 1. Sick time may be approved during family leave for an employee's own illness or health condition.
 - 2. Vacation and personal time must be utilized during family leave if the approved period of absence is not covered by eligible sick time. If the medical leave is due to a work related injury, residents cannot collect both workers' compensation and vacation or personal sick time.
- f. Trainees may request intermittent leave or reduced scheduled work hours. Such requests will be reviewed for approval based on medical necessity. Time taken off for part of a work day on reduced leave does not count as an entire day of leave, but only as leave for the actual time taken.
- g. Trainees are required to provide a monthly update of the status of the serious health condition and their intention to return to work.

10. Harassment

- a. Residents and fellows are entitled to work in a professional, dignified environment, and in this regard, Millcreek Community Hospital is committed to providing and maintaining an atmosphere that is free from discrimination and all types of harassment. All of the following are prohibited from engaging in harassing behavior: employees, management and supervisory personnel, patients, medical staff and any other third party.
- b. The following are some of the categories of prohibited harassment; race, creed, religion, age, sex, national origin, sexual preference, marital status, disability, veteran's status and any legally protected class.
- c. Sexual harassment includes any unwelcome conduct of a sexual nature including sexual advances or requests for sexual favors or other inappropriate verbal or physical conduct of a sexual nature. It also includes any conduct of a sexual nature which creates an intimidating, offensive, or hostile working environment. Any unwelcome course of conduct including such things as comments about physical characteristics, comments about sexual preferences or practices, obscene or sexually oriented stories, jokes, photographs or

drawings, inappropriate gestures or body language and improper touching are all prohibited. Such conduct may result in disciplinary action being taken against any employee who is found to have harassed another employee, up to and including termination.

- d. Victims of any type of harassment or those aware that such conduct is occurring, are encouraged to report it promptly to the Director of Medical Education or the Human Resources Department. A prompt and confidential investigation will be conducted and appropriate action will be taken. No trainee will be penalized for reporting or participating in the investigation of such conduct.

11. Security

- a. Millcreek Community Hospital strives to maintain a work environment that is free of illegal drugs, alcohol, firearms, explosives, or other improper materials. The possession, transfer, sale, or use of such materials on its premises is prohibited.
- b. Desks, lockers, and other storage devices remain the sole property of the hospital. Accordingly, they, as well as any articles found within them, can be inspected by any agent or representative of Millcreek Community Hospital at any time, either with or without prior notice.
- c. Millcreek Community Hospital does not tolerate theft or unauthorized possession of the property of patients, visitors, employees, and the hospital. To assist in the enforcement of this policy, hospital representatives may inspect not only desks and lockers, but also persons entering and/or leaving the premises and any packages or other belongings.

12. Safety

- a. House staff is required to attend safety training annually. This training covers safe work practices and procedures to eliminate or minimize risk of injury or damage.
- b. Accidents that result in injury, regardless of how insignificant the injury may appear, should immediately notify the Medical Education Department and fill

out an Incident Report. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefit procedures. Millcreek Community Hospital, in cooperation with our Industry Care Nurse, offers a managed program for all work-related safety, injury, or illness-related claims.

13. MCH Code of Conduct

MCH aspires to the highest level of personal and professional ethics. It is the explicit policy of the hospital to conform to all laws and regulations which apply to the conduct of its business and to the care of its patients.

The Code of Conduct includes the following tenets:

- ☐ We will deliver care in a professional, ethical, and medically appropriate manner.
- ☐ We will treat all patient information as confidential.
- ☐ We are dedicated to developing, supporting, and protecting our employees.
- ☐ We are committed to operating at all times as an outstanding corporate citizen, in full compliance with all applicable federal and state laws and regulations.
- ☐ We will interact with all parties, both internal and external, with honesty and respect.
- ☐ We will avoid all conflicts between private interests and professional responsibilities.
- ☐ We will not allow any act of retaliation or reprisal to be taken against any employee who reports a violation of law, regulation, policy, or the Code of Conduct.
- ☐ We will only submit for reimbursement services that are medically necessary and appropriate and that were ordered by a physician or other appropriately licensed clinician.
- ☐ We will not solicit, accept or offer any gift or gratuity of more than nominal value to or from patients, potential referral sources, or other individuals and entities with whom we have a business relationship.

14. Corporate Compliance

Millcreek Community Hospital has developed a Corporate Compliance Plan to ensure that each employee, member of the medical staff, member of the governing board, and other individual who acts on behalf of the Hospital understands the laws and regulations that pertain

to his or her work on the Hospital's behalf, and to investigate and address any possible violations of law or regulations. The essence of the Plan is for everyone to comply with these basic and important Standards of Conduct:

- ☐ Comply with all Laws and Regulatory Requirements
- ☐ Keep Accurate Records
- ☐ Be Truthful
- ☐ Behave Ethically and Without Conflict of Interest
- ☐ Report Possible Violations

Staff members of the organization are to follow the established policies and procedures of their department as well as the policies and procedures of MCH. Staff members are responsible for keeping current with changes in job responsibilities, policies and procedures. If you think MCH's policies and procedures do not comply with the laws and regulations, then report the concern to your manager immediately. If you become concerned that MCH is asking you to do your job in a manner that does not comply with federal, state or local laws, then report the issue to Corporate Compliance.

All employees are required to report their good faith of any violation of the Compliance Program or applicable law. MCH, at the request of the employee, will provide anonymity to the employee(s) who report as much as possible under the circumstances in the judgment of MCH, consistent with its obligations to investigate employee concerns and take necessary corrective action. There shall be no retaliation in the terms and conditions of employment as a result of such reporting.

We are committed to investigating all concerns promptly and with confidentiality. The Corporate Compliance Officer will coordinate any investigations and any findings from the investigations, and immediately recommend corrective action or changes that need to be made. We expect all employees to cooperate with the investigation.

15. Performance Improvement

The Performance Improvement Program is examined as part of the accreditation process, so PI is an integral part of MCH. The PI Program at MCH is an effective, ongoing, facility-wide data driven program. The program is aimed at identifying problems within the hospital. The problems we aim to identify consist of all aspects of patient care as well as contracted services and hospital functions. The goal is to improve outcomes, reduce medical errors and improve

patient and staff experiences. Additional information can be found in the PI binder in each department.

16. Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act is a Federal Law that went into effect on April 14, 2003 to improve the way healthcare information is exchanged. This act was implemented to protect the privacy and information of patients. For more information or questions see your department supervisor or MCH's current Privacy Officer.

17. Emergency Medical Treatment and Labor Act of 1986 (EMTALA)

EMTALA was enacted in response to the concerns of the Federal government that hospitals and physicians were turning away or transferring indigent individuals who were in need of emergency medical treatment. Under the Federal law, EMTALA, commonly known as the "anti-dumping law," requires hospitals to provide a medical screening exam to all individuals who come to the hospital seeking medical care. If the medical screening exam discloses an "emergency medical condition" the hospital and the responsible physician are required to provide stabilizing medical treatment within the capacity of the facilities and staff available, regardless of the patient's ability to pay. See your department supervisor or the Corporate Compliance Officer for more information.

18. Born-Alive Infants Protection Act of 2002

The Born-Alive Infants Protection Act falls under the EMTALA regulations. This act states that any fetus showing signs of life after complete expulsion from the mother is entitled to a medical screening from a qualified health care professional regardless of gestational age. The fetus must display any of the following signs to be considered "born alive," breathes, has a beating heart, pulsation or the umbilical cord, or definite movement of voluntary muscles.

19. Federal Deficit Reduction (DRA) of 2005

This act includes numerous provisions addressing fraud, waste and abuse in the Medicaid/Medicare system. By law, all employees, management, as well as anyone who could be considered a contractor or agent of the hospital must be aware of the Hospital's policies and

procedures for detecting and preventing fraud, waste and abuse. The Federal False Claims Act includes important information and describes all types of false claims made to the government and the liability and penalties for certain acts. It is also important that you know the Federal administrative remedies for false claims and statements.

The State Government also has laws containing civil or criminal penalties for false claims and statements that you must be aware of. All information pertaining to the above acts can be obtained through the Hospital's Corporate Compliance Officer, who is responsible for the policies and procedures required by law. These policies are located in each department's Corporate Compliance Policy Manual.

There are whistleblower protections under Federal and State laws that will protect you. All employees, management, contractors or agents of the hospital are required to report in good faith, any violation of the above acts which are part of the Hospital's Compliance Program, to the Hospital's Corporate Compliance Officer.

As stated under our Corporate Compliance section, we are committed to investigating all concerns promptly and with confidentiality. The Corporate Compliance Officer will coordinate any investigations and any findings from the investigations, and immediately recommend corrective action or changes that need to be made. We expect all employees to cooperate with the investigation and all outcomes will follow the guidelines of the appropriate laws in effect.

20. Conflict of Interest

To protect employees, the hospital and others, employees are prohibited from the following activities:

- a. Using their position or knowledge for gain that could conflict with the hospital's interests.
- b. Accepting any individual gifts, tips or favors from patients, patient's families, or vendors and others that may influence the decision making that could affect the hospital.
- c. Disclosing any information relating to the hospital's business for personal profit, e.g., giving information to a vendor or business to give them an advantage over their competition.
- d. Performing work or accepting employment with others that conflicts with their

hospital work schedule or compromises the hospital's interest. A conflict may exist if any outside activity hinders or distracts an employee from their job or causes them to use the hospital resources for other than hospital purposes.

VIII. GENERAL PROCEDURES FOR HOUSE STAFF

1. Phone system

- a. To get an outside line, press 9 and the number.
- b. To page, press 5515 and speak.
- c. To pick up a parked call, press *11 and the extension given for the parked call.

2. Medical Records Documentation

a. History and Physical Examination

1. Must be documented on the appropriate form or in the appropriate electronic format.
2. Must be completed within 24 hours of admission.
3. The house officer of the day is responsible to ensure that all H&P's are completed. H&P's may be assigned to medical students if reviewed with House staff after completion. Assignments should be service-related where applicable.
4. Pre-surgical H&P's are to be given priority above all others.

b. All orders and notes must be dated, timed, and signed.

c. Verbal orders are acceptable only in cases of extreme emergency and must be signed by the issuing physician within 24 hours.

d. Medical Records Department is open Monday through Friday from 7:00AM to 4:30PM.

e. Charts may be signed out for continuity of care, research, review, etc.

f. Medical record deficiency slips will be placed in house staff mailboxes weekly if applicable. The attending cannot complete his deficiencies until the house staff members complete their assigned reports, dictations, etc.

- 1) All medical records are to be completed within 30 days of discharge per the Department of Health (DOH).

- 2) A concise discharge summary must be completed on each patient within seven (7) days of discharge per the AOA.
- g. The approved abbreviation list and do not use list can be found in the Department of Medical Records, Medical Library, and at the workstations throughout the hospital.
- h. Discharge Summaries should include the following:
 1. Date of Admission.
 2. Date of Discharge.
 3. Chief complaint and history physical findings on admission.
 4. Brief summary of the hospital course including significant findings on physical examination and diagnostic tests, therapies implemented and patient respons
e.
 5. Condition at Discharge.
 6. Discharge Disposition including physical activity, diet, medications, and follow up instructions.
- i. Any medical record used for teaching purposes must have all patient identifying information removed and must be destroyed following the lecture.

3. Dictation

- a. Detailed instructions can be found at each dictation station.
- b. House staff can use 999 as the three digit user identification number.
- c. State dictator's name, name of attending physician, name of patient, medical record number, and work type.
- d. To avoid duplication, document in the chart that dictation is complete and include the reference number.

4. Use of Laptop Computer and Projector

- a. Contact the Department of Medical Education during the hours of 8:00AM to 4:30PM Monday through Friday to determine availability of needed equipment.
- b. The appropriate sign out and return of equipment paperwork must be completed.
- c. The individual who signs out the equipment accepts full financial

responsibility for the equipment until it is returned.

d. There is a laptop computer and projector available through the operator for those who require the use outside of the office hours of Medical Education, the same sign out procedure is in place at the operators' station as in the Medical Education office.

5. Hospital Codes The following are the house staff responsibilities during various hospital codes.

a. Blue – Arrest

1. Attending physician, when available, otherwise internal medicine physician or designee, or house physician direct the entire team and make all therapeutic decisions.

b. Green – Code Blue in the operating room

1. Anesthesiologist or designee is in charge of the code proceedings including airway management and medication administration.
2. Surgeon or designee starts chest compressions.
3. Internal medicine physician or designee responds during operating hours.
4. House officer responds during hours the operating room is normally closed.

c. Red – Fire

d. Four - Elopement

e. Nine – Security issue

1. Available males are requested to respond.

f. Black – External or internal disaster

g. NBC – External or internal disaster with contamination

1. N – nuclear
2. B – biological
3. C – chemical

6. Laboratory

a. Stat orders mean that the patient's life is in danger and necessitates

immediate intervention or institution of treatment. The technician will drop all other tasks and collect and perform the analysis immediately.

- b. Timed orders will be drawn at the specified time and performed as soon as possible.
- c. Routine orders will be drawn at the next scheduled draw or the morning.

7. Pharmacy

- a. Trainees may write medication orders for inpatients as long as they are countersigned by the attending physician within a reasonable period of time.
- b. Trainees may write non-controlled prescriptions for outpatients in facilities associated with the training institution.
- c. Trainees may not write controlled drug prescriptions unless they possess an unrestricted license and hold a valid DEA registration.
- d. Trainees may not write controlled drug prescriptions under the aegis of the hospital pharmacy DEA registration.
- e. All medications are automatically discontinued when a patient goes to surgery or transfers between hospital units except from the ICU to Unit 3.
- f. Pharmacy hours are:
 - Monday through Friday 7:30 AM – 11:00 PM
 - Saturday, Sunday, Holidays 8:00AM - 4:30PMA pharmacist is on call after hours to assist with emergencies.
- g. Please refer to your Pharmacy Handbook for additional helpful information.

IX. ADMINISTRATION AND PROGRAM DIRECTORS

The Graduate Medical Education Committee and the teaching faculty of Millcreek Community Hospital's Osteopathic Graduate Medical Education Programs are qualified and committed to the training of residents, and fellows. The faculty provides instruction and supervision in both the classroom and clinical setting on a graduated basis as the trainee progresses through the training program and based on individual knowledge and skill. Patient care and supervision

thereof, is conducted in accord with federal guidelines and policies.

President/ Chief Executive Officer	Mary L. Eckert
Executive Director, LECOMT	Deborah Lee-Sanko
Chairman, Graduate Medical Education Cmte.	John M. Ferretti, DO
Director of Medical Education	John J. Kalata, D.O.
Medical Education Coordinator	Marilyn Tracy
LECOMT Academic Officer	Richard Terry, D.O.
LECOMT Research Contact	Thomas Corso, Ph.D.
Program Director, ENT	Sean Carroll, D.O.
Program Director, Family Medicine	Douglas Grisier, D.O.
Program Director, Gastroenterology	Vincent Fierro, D.O.
Program Director, Integrative & Lifestyle Medicine	Gregory Coppola, D.O.
Program Director, Internal Medicine	Eric Milie, D.O.
Program Director, Orthopedics	Steven Habusta, D.O.
Program Director, OMM/NMM	Steven O'Donnell, D.O.
Program Director, Ophthalmology	Anthony D. Sala, DO
Program Director, Podiatry	Jason Lee, DPM
Program Director, Psychiatry	Mathew Sipple, DO
Program Director, Child/Adolescent Psychiatry	G. Renee Clark, DO
Program Director, Pharmacy Practice	Zachary Heeter, PharmD
Program Director, Geriatric Pharmacy	Rachel Ogden, PharmD

X. Lake Erie Consortium for Osteopathic Medical Training (LECOMT)

In 1995, the American Osteopathic Association established a new graduate medical education initiative titled the Osteopathic Postdoctoral Training Institution (OPTI). The innovative idea behind the OPTI is the formation of graduate medical education consortiums that qualify for AOA accreditation and are responsible for the quality and growth of osteopathic postdoctoral programs.

The Lake Erie Consortium for Osteopathic Medical Training (LECOMT) was approved by the AOA as an accredited OPTI in June 1998. In the past 10 years, we have experienced enormous membership growth and have developed more than 50 new osteopathic residency programs. We are pleased to be your sponsoring OPTI and encourage your participation in the Intern & Resident Teleconference Meetings, OPTI sponsored educational workshops and programs, and to address any of your questions or concerns. Please make note of your LECOMT Intern/Resident Representatives from your institution that represent you on the LECOMT Osteopathic Graduate Medical Education Committee (OGME) or feel free to contact the LECOMT office directly at 814.866.8127 or e-mail dsanko@lecom.edu
LECOMT Office is located at 1858 West Grandview Boulevard, Erie, Pennsylvania 16509
Deborah Lee-Sanko, Executive Director, LECOMT
Richard Terry, DO, Chief Academic Officer, LECOMT
Mary Krista, Administrative Assistant, LECOMT

APPENDICES

- A. NEW HOUSE STAFF ORIENTATION AGENDA**
- B. MASTER OF SCIENCE IN MEDICAL EDUCATION CURRICULUM**
- C. INSTITUTIONAL CORE COMPETENCY PLAN**
- D. AOA CODE OF ETHICS**

Incoming Resident/Fellow Orientation
Day 1
Monday, June 23, 2014
"MCH Education Center (1st flr.)"

7:30 AM	Breakfast
8:00 - 8:15 AM	<u>Welcome/Introductions</u> <i>John J. Kalata, D.O., MS (Med Ed), Director of Medical Education</i>
8:15 - 8:30 AM	<u>Welcome from Millcreek Community Hospital</u> <i>Mary L. Eckert, President & CEO</i>
8:30 - 8:45 AM	<u>Welcome from LECOM</u> <i>Silvia M. Ferretti, D.O., Provost, Lake Erie College of Osteopathic Medicine</i>
8:45 - 9:15 AM	<u>Professional Boundaries & Legal Perspectives</u> <i>Richard Ferretti, Esq.</i>
9:15 - 9:30 AM	Break
9:30 - 9:45 AM	<u>Welcome from LECOMT</u> <i>Deborah Lee-Sanko, Executive Director, Lake Erie Consortium for Osteopathic Medical Training</i>
9:45 - 11:00 AM	<u>MCH Human Resources</u> <i>Payroll, I.D. Badges, Benefits, CARES Program</i> <i>Polly Momeyer, Human Resource Manager & Staff</i>
11:00 AM - 12 NOON	<u>Schedule/Medical Education Policies</u> <i>John J. Kalata, D.O., MS (Med Ed), Director of Medical Education,</i> <i>Marilyn Tracy, Medical Education Coordinator</i> <i>Carolyn Heidt, Medical Education Assistant</i>
12 NOON - 1:00PM	Lunch
1:00 - 1:30PM	<u>Inpatient Detox Overview</u> <i>Christopher Carbo, D.O.</i>
1:30 - 2:00PM	<u>Osteopathic Manipulative Medicine Services at MCH</u> <i>Karl Falk, D.O.</i>
2:00 - 3:00PM	<u>Infection Control Presentation</u> <i>Katie Agresti, R.N., Director of Patient Care</i>
3:00 - 3:30 PM	<u>Mandatory Hospital Safety Education, Hospital Codes/Hospital Tour</u> <i>Eric Seibert, Plant Operations Director</i>
3:30 - 4:30PM	<u>LECOM Photo I.D.'s</u> <i>George Hooker, Director of Security at LECOM</i>



Incoming Resident/Fellow Orientation
Day 2
Tuesday, June 24, 2014
"LECOM Wellness Ctr., First Flr. Conf. Rm."

7:30 AM	Breakfast
8:00 - 9:00 AM	<u>LECOM Institute For Successful Aging</u> Geriatric Services at Millcreek Health System <i>James Lin, D.O., MS (Med Ed), Chief of Staff, VP Senior Services & Adult Living, Director, LECOM Institute for Successful Aging</i>
9:00 - 9:30 AM	<u>Introduction to Research Projects</u> <i>Danielle Hansen, D.O., Vice President of Acute Care Services and Quality Performance Improvement, Research Sub-Cmte. Chair</i>
9:30 - 9:45 AM	Break
9:45 - 10:15 AM	<u>LECOM Clinical Skills Activities</u> <i>Richard Ortoski, D.O., FACOPF, Regional Dean, LECOM, Erie</i>
10:15 - 11:15 AM	<u>Pharmacy Guidelines & Policies</u> <i>Tim Dommermuth, RPh, Manager, Pharmacy Services, MCH</i>
11:15 - 12:15 PM	<u>Research Curriculum: The IRB Process</u> <i>Irv Freeman, Ph.D., J.D., Chair, IRB Committee, Millcreek Health System</i>
	Lunch
12:15 - 1:30 PM	<u>Frequently Asked Questions/The House Officer's Role</u> <i>Sarah Beeson, D.O., Meredith Marcincin, D.O., Brandyn Mason, D.O. & Farzad Pourarian, D.O.</i>
1:30 - 3:00 PM	<u>Introduction to Masters Program, Research Curriculum, Choosing a Topic, Study Design</u> <i>Mark Terrell, Ed.D., M.S., M.A., Program Director Master of Science in Medical Education, Director of Educational Research, Associate Professor of Anatomy and Biostatistics</i>
3:00 - 4:00 PM	<u>HIPAA Regulations, Risk Management & Social Media</u> <i>Mary Ellen DeCrapio, Safety Risk Manager Cheryl Girardier, Information Technology Director</i>



Incoming Resident/Fellow Orientation
Day 3
Wednesday, June 25, 2014
"LECOM Wellness Ctr., First Flr. Conf. Rm."

7:30 AM	Breakfast
8:00 – 10:00 AM	<u>Medical Records Documentation/Utilization Review</u> Introduction to Medical Records, Proper Documentation for Risk Management, Documentation for Coding <i>Mark Terrill, Manager, Medical Records</i> <i>Mary Ellen DeCrapio, Safety-Risk Manager</i>
10:00 – 11:30 AM	<u>Corporate Compliance Presentation & Social Services</u> Patient Safety, Core Measures, HCAPS, etc. <i>Marty Kelly, Corporate Compliance/ Patient Safety Officer</i> <i>Jillian Heschke, Performance Improvement/Accreditation Coordinator</i>
11:30 – 12:00 Noon	<u>Work Hours, Logs/Evaluations, New Innovations System</u> <i>John J. Kalata, D.O., MS (Med Ed), Director of Medical Education</i>
12:00 Noon - 1:00 PM	Lunch
1:00 – 3:00PM	<u>Team Building Exercise</u> <i>Tyler Travis, M.A., ACSM-HFS, CSCS, Center Director,</i> <i>LECOM Medical Fitness & Wellness Center</i>



Incoming Resident/Fellow Orientation
Day 4
Thursday, June 26, 2014
MCH, Education Center (1st flr.)
& Med. Ed. Mtg. Rm. B/C (2nd flr.)

7:30 AM

Breakfast – MCH Ed. Ctr. (1st flr.)

8:00 – 12:00 Noon

Group A: MCH, Med. Ed. Mtg. Rm. B/C (2nd Flr.)
The Electronic Medical Record/Meditech

Group B: Research Curriculum, Introduction to Library Sciences, Literature Search
LECOM Learning Resource Center
Dan Welch, M.L.S., Associate Health Science Librarian

12:00 Noon - 1:00 PM

Lunch – To Be Announced

1:00 – 5:00 PM

Group A: Research Curriculum, Introduction to Library Sciences, Literature Search
LECOM Learning Resource Center
Dan Welch, M.L.S., Associate Health Science Librarian

Group B: MCH, Med. Ed. Mtg. Rm. B/C (2nd Flr.)
The Electronic Medical Record/Meditech

Group A:
James Cornwell, D.O.
Prianka Sinha, D.O.
Saurabh Bajpai, D.O.
Denver Briley, D.O.
James Bruno, D.O.
Jennifer Carson, D.O.
Ryan Connolly, D.O.
Kristy Netkowicz, D.O.
Michael Taylor, D.O.
Raymond Lee, D.O.
Gianpiero Martone, D.O.

Group B:
Jordan Bonier, D.O.
Nicholas Callahn, D.O.
Patrick Fessler, D.O.
Matthew Hintz, D.O.
Erez Minka, D.O.
Nathan Weaver, D.O.
Shane Griffith, D.O.
Shamus Reimold, D.O.
Alexander Szeles, D.O.
Kevin Castillo, D.O.
Christopher Hess, D.P.M.

Adam Shafer, D.O.
Brett DeGooyer, D.O.
Darin Gwartney, D.O.
Joshua Smith, D.O.

Steven McCarthy, D.P.M.
Laura Richards, D.P.M.



Incoming Resident/Fellow Orientation
Day 5

Friday, June 27, 2014

MCH Cafeteria & Med. Ed. West (2nd flr.)

8 – 9:30 AM

Breakfast in MCH Cafeteria, "Meet the New Residents"

9:30 – 10:00 AM

Diagnostic Services at MCH

Michael E. Hauk, D.O., Radiologist

10:00 – 11:00 AM

Introduction to Psychiatric Care

Randall MacKendrick, Director of Behavioral Health

11:00 – 11:30 AM

Introduction to Wound Care

*Laurel Learn, Program Director, LECOM Institute for Advanced
Wound Care and Hyperbaric Medicine*

APPENDIX B

Master of Science in Medical Education Curriculum

The Master of Science in Medical Education Program covers 32 credit hours of material and consists of three components:

- ☐ Fundamentals of Medical Education
- ☐ Educational Practicum
- ☐ Curriculum Project

Fundamentals of Medical Education Courses:

1. **Principles of Medical Education** covers topics such as pedagogy and andragogy, the relationship between medical education and quality medical care, instructional design, and memory and cognition.
2. **Clinical Teaching** includes topics such as basic teaching skills, working with difficult learners, lecturing, small-group teaching, advising, mentoring, and coaching.
3. **Administrative Skills** develops the administrative skills needed to be an effective medical educator and includes topics such as delegation and supervision, time and money management, negotiation, and meeting management skills.
4. **Educational Leadership** uses a reflective learning model to address educational leadership and master teaching and includes topics such as accountability and responsibility, communication skills, change management, and the skills and attitudes of mastery.

Educational Practicum Courses:

1. **Educational Assessment and Evaluation**
2. **Lecturing Skills**
3. **Teaching Elective**
4. **Educational Reflection**

These courses require students to put into practice the knowledge, skills, and attitudes they are studying. By delivering lectures, running seminars, developing online learning materials, and through the use of additional teaching strategies and evaluation methods, students are supervised and evaluated based on their performance in actual clinical teaching environments.

Masters Curriculum Project Courses:

1. Curriculum Needs and Assessment
2. Curriculum Goals and Objectives
3. Curriculum Strategies and Implementation
4. Curriculum Evaluation

Students will be encouraged to present their project at major academic meetings and to submit a written version to leading educational journals for publication.

Each semester students are enrolled in one core course, one practicum course and one curriculum project course.

The Master's program first semester begins in January and ends in May. Second semester begins in August and ends December. Third semester begins in January and ends in May. Fourth and final semester begins in August and ends in December. Graduation is held the following May.

Bold =Catalog Course Names

Master of Science in Medical Education Contact Information

Mark Terrell, Ed.D
Program Director
Email: mterrell@lecom.edu
Phone: 814-860-5121

APPENDIX C

AOA Code of Ethics

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated

by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

(Approved July 2003)

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is

conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.